

MANTON, (W.P.)

SHALL THE FORCEPS BE APPLIED

— TO THE —

AFTER-COMING HEAD.

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MEDICUS





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*SHALL THE FORCEPS BE APPLIED TO THE AFTER-  
COMING HEAD?\**

BY W. P. MANTON, M. D.

Führt also dieser Handgriff (Veit's) nicht zum Ziel, so ist das räumliche Missverhältniss ein derartiges, dass der Kopf des Kindes unverkleinert nicht durch das Becken geht, dass also dann die Perforation des nachfolgenden Kopfes indicirt ist.—Schroeder.

\* Meine Erfahrungen \* \* \* \* ganz unzweideutig den hohen Werth der Zange für den nachfolgenden Kopf nachweisen. Sie wird und muss neben dem Smellie Veit'schen und anderen Handgriffen Stets ihre volle Berechtigung behalten.—Credé.

This question is one of interest and importance to the obstetrician, for the reason that it is a moot point with some of the most distinguished practitioners of midwifery, and on account of the large foetal mortality in pelvic-end presentations.

The young physician, just beginning his labors in the field of obstetrics, is confronted by diametrically opposed statements on this subject by the highest authorities; what is he to do, how can he reconcile conflicting opinions, and what must be his course should he be called upon to act as principal in the condition under dispute?

Undoubtedly he will have been taught to apply the forceps, and as a result may accomplish much harm. The question which we must discuss to-night, for his

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\* Read before Detroit Academy of Medicine, Feb. 22, 1888.

should be extracted at once if the child is to be born alive.

The manual methods which have been advocated to accomplish this result, are many and serviceable, but that known as the Smellie-Veit or Chailly-Honoré, in which two fingers of the right hand are placed in the child's mouth, the body of the child riding the right arm, while the fingers of the left hand are hooked over the child's shoulders on either side of the neck, is probably the best. With this seizure the child's chin is flexed upon the breast, a condition which may be assisted by the method of D'Outrepout, who suggests that the fore and ring fingers of the left hand be hooked over the child's shoulders, while the middle finger pushes upwards against the occiput. In this manner I have never but once failed to deliver the child's head in a considerable number of head-last cases which I have had in hospital, consulting and private practice. Previous to the single experience which I am about to relate, my views were fully in accord with those of the deceased great Berlin teacher, who denounced the application of the forceps to the after-coming head, and especially after reading that Kücher,\* from an experience of 6,000 cases of labor, found the use of the forceps in this condition unnecessary.

I was, however, led to modify my views, as will be seen by the following case:

Nov. 10, 1886, I was called in consultation by Dr.

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\* Wien. Med. Wochenschr., Aug., 1879.

M. Brady, of this city, to see a lady who had been in labor for some hours, and who, from loss of blood from a placenta previa marginalis lateralis, was in a sinking condition. I arrived at the patient's house one hour after being summoned, and was met by the doctor, who exclaimed that I was too late, as the patient was then in *exitus lethalis*. The statement seemed true from the patient's appearance, but after obtaining a hasty history of the case, I resolved to attempt version, with the hope of saving the child if not the mother. A priest had been sent for, and such rites as are demanded by the Catholic church in case of danger to life having been administered, I proceeded to turn.

I found the cervix taken up and the os dilated to the size of a dollar, but plugged by a large clot. Version was accomplished without difficulty, the body extracted to the neck, and both arms brought down—but then occurred a hitch. In spite of my utmost efforts, and the application of different seizures, I was unable to stir the head. Continuing my traction as long as I deemed prudent, I determined to try the forceps. The application was easily accomplished, and by exerting considerable pressure on the child's head—the occiput being anterior—and by strong traction, I delivered the head without delay.

The child was pale, and apparently lifeless, and, although the heart could be kept beating by means of artificial respiration, the most careful attention for an hour failed to give rise to signs of life. In all probability the anæmic state of the child, and an effusion at the base



of the brain—the result of forceps pressure or not, was the cause of death.

The head was very large and unyielding; unfortunately no measurements were taken. The mother's pelvis was apparently normal. She made a good recovery.

In these manual methods the length of time which may be consumed before extraction of the head is realized is important. I have seen it stated that five minutes may be safely allowed, but I quite agree with Barnes, who gives five minutes as the extreme limit, and insists that three minutes usually finds the child partially asphyxiated. Another point which I believe is either ignored or overlooked, is the tensile strength of the foetus. All raw and bungling manipulations are, of course, to be avoided, but I believe that a very great dragging power may be exerted on the foetus without injury. From five experiments in this direction Duncan has found that the spinal column gave way under 90, 120, 122, 91, and 163 pounds traction respectively. To injure the child's vertebral column, therefore, under such traction as may be exercised by the employment of any of the ordinary seizures, would be, I believe, a difficult task, and I am inclined to think the statements of Barnes in this respect to be altogether too timorous and misleading.

From the foregoing, head-last cases would seem to resolve themselves into three classes: those which may be delivered by manual methods; those in which the forceps may be used with a hope of saving the child, (Lomer reports three such cases out of a total of 129 ver-

sions and extractions;\* while Credé notes 16 cases from a large number delivered at the Leipsic Clinic and Poliklinik, †) and lastly, those cases which can be delivered by neither of these methods, but necessitate a lessening of the child's head.

Summing up my own experience and study in this matter, I conclude that those cases which *cannot* be delivered by the skillful application of manual methods are extremely rare, and are not likely to occur in ordinary obstetrical practice.

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\* Zietsch. f. Geburtsh. u. Gynakol. Bd. XII, 1886, p. III.

† Arch. f. Gynak. Bd. XXV, 1885, p. 324.







